Exhibit A

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| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF PENNSYLVANIA | - | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Tamara First name C. Middle name Miller Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7024 | |

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Debtor 1 Tamara C. Miller Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|--|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | |
| | | EINS | EINs | | |
| 5. | Where you live | 908 Green Street | If Debtor 2 lives at a different address: | | |
| | | Norristown, PA 19401 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Montgomery County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Case number (if known)

Tamara C. Miller Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. **Easten District of** 9/22/16 16-16705 District Pennsylvania When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

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Debtor 1 Tamara C. Miller Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Tamara C. Miller

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Part 6: Answer These Questions for Reporting Purposes 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are de | efined in 11 U.S.C. § 101(8) as "incurred by an | | | | |
|--|--|--|--|--|--|
| 16. What kind of debts do 16a Are your debts primarily consumer debts? Consumer debts are de | efined in 11 U.S.C. § 101(8) as "incurred by an | | | | |
| you have? individual primarily for a personal, family, or household purpose." | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | |
| ☐ No. Go to line 16b. | | | | | |
| ■ Yes. Go to line 17. | | | | | |
| | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | |
| ☐ No. Go to line 16c. | | | | | |
| ☐ Yes. Go to line 17. | ☐ Yes. Go to line 17. | | | | |
| 16c. State the type of debts you owe that are not consumer debts or busine | ess debts | | | | |
| | | | | | |
| 17. Are you filing under Chapter 7. Go to line 18. Chapter 7? | | | | | |
| Do you estimate that after any exempt after any exempt property is excluded and | | | | | |
| administrative expenses \square No | | | | | |
| are paid that funds will be available for □ Yes | | | | | |
| distribution to unsecured creditors? | | | | | |
| 18. How many Creditors do ■ 1-49 □ 1,000-5,000 | □ 25,001-50,000 | | | | |
| you estimate that you 5001-10,000 | ☐ 50,001-100,000 | | | | |
| □ 100-199 | ☐ More than100,000 | | | | |
| 200-999 | | | | | |
| 19. How much do you | □ \$500,000,001 - \$1 billion | | | | |
| estimate your assets to be worth? | □ \$1,000,000,001 - \$10 billion | | | | |
| \$100,001 - \$500,000 | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | |
| 20. How much do you | □ \$500,000,001 - \$1 billion | | | | |
| estimate your liabilities to be? | \$1,000,000,001 - \$10 billion | | | | |
| \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$500,001 - \$100 million ☐ \$500,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | |
| □ \$500,001 - \$1 million □ \$100,000,001 - \$500 million | | | | | |
| Part 7: Sign Below | | | | | |
| For you I have examined this petition, and I declare under penalty of perjury that the info | rmation provided is true and correct. | | | | |
| If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible United States Code. I understand the relief available under each chapter, and I described the control of the control | | | | | |
| If no attorney represents me and I did not pay or agree to pay someone who is r document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | not an attorney to help me fill out this | | | | |
| I request relief in accordance with the chapter of title 11, United States Code, sp | pecified in this petition. | | | | |
| I understand making a false statement, concealing property, or obtaining money bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 and 3571. /s/ Tamara C. Miller | | | | | |
| Tamara C. Miller Signature of Debtor 1 | tor 2 | | | | |
| Executed on October 28, 2019 Executed on | | | | | |
| MM / DD / YYYY M | M / DD / YYYY | | | | |

| Debtor 1 | Tamara C. Miller | Dlā schiloie rAt | PRgg&70b549 | Case | number (if known) |
|----------|--|---|----------------------------|----------|---|
| | | | | | |
| • | attorney, if you are ed by one | under Chapter 7, 11, 12, or 13 of title 11, Un | nited States Code, and h | nave exp | formed the debtor(s) about eligibility to proceed plained the relief available under each chapter btor(s) the notice required by 11 U.S.C. § 342(b) |
| • | not represented by ey, you do not need s page. | | es, certify that I have no | | dge after an inquiry that the information in the |
| | | /s/ David B. Spitofsky, Esquire | Date | e | October 28, 2019 |
| | | Signature of Attorney for Debtor | | - | MM / DD / YYYY |
| | | David B. Spitofsky, Esquire 55151 Printed name | | | |
| | | Law Office of David B. Spitofsky Firm name | | | |
| | | 516 Swede Street | | | |
| | | Norristown, PA 19401 | | | |
| | | Number, Street, City, State & ZIP Code | | | |

Email address

Contact phone **610-272-4555**

55151 PA Bar number & State spitofskylaw@verizon.net

| | | | Di ā s bi to id | ent PRage 9 8 of 549 | | | |
|--------|--|--|--|---|----------------------------|-------------|---|
| Fill | in this informa | ation to identify your | case: | | | | |
| Deb | otor 1 | Tamara C. Miller | | | | | |
| D-1 | -t 0 | First Name | Middle Name | Last Name | | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | | |
| Uni | ted States Bank | cruptcy Court for the: | EASTERN DISTRICT C | OF PENNSYLVANIA | | | |
| 1 | se number | | | | | | |
| (if kn | own) | | | | | _ | k if this is an ded filing |
| | | | | | | | |
| | | <u>m 106Sum</u> | | | | | |
| | | | | nd Certain Statistic | | | 12/15 |
| info | rmation. Fill οι | it all of your schedule | es first; then complete th | e are filing together, both are he information on this form. k the box at the top of this p | If you are filing amende | | |
| Par | t 1: Summar | rize Your Assets | | | | | |
| | | | | | | Your a | ssets of what you own |
| 1. | | 3: Property (Official Fo | | | | \$ | 144,000.00 |
| | 1b. Copy line | 62, Total personal pro | perty, from Schedule A/B | | | \$ | 14,466.00 |
| | 1c. Copy line | 63, Total of all property | on Schedule A/B | | | \$ | 158,466.00 |
| Par | t 2: Summar | rize Your Liabilities | | | | | |
| | | | | | | | abilities It you owe |
| 2. | | | aims Secured by Property nn A, <i>Amount of claim,</i> at | (Official Form 106D) the bottom of the last page of | Part 1 of Schedule D | \$ | 132,328.89 |
| 3. | | | Unsecured Claims (Officia 1 (priority unsecured claim | al Form 106E/F) ns) from line 6e of <i>Schedule E</i> | /F | \$ | 0.00 |
| | 3b. Copy the | total claims from Part | 2 (nonpriority unsecured c | claims) from line 6j of Schedule | e E/F | \$ | 70,645.00 |
| | | | | | Your total liabilities | \$ | 202,973.89 |
| Par | t 3: Summar | rize Your Income and | Expenses | | | , | |
| 4. | | our Income (Official Fo | | | | \$ | 4,621.13 |
| | | | | e I | | Ψ | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 5. | Schedule J: Y Copy your mo | our Expenses (Official onthly expenses from li | Form 106J) ne 22c of <i>Schedule J</i> | | | \$ | 2,898.00 |
| Par | t 4: Answer | These Questions for | Administrative and Stat | istical Records | | | |
| 6. | - | | er Chapters 7, 11, or 13? on this part of the form. C | check this box and submit this | form to the court with you | ur other sc | hedules. |
| 7. | YesWhat kind of | debt do you have? | | | | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Tamara C. Miller Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,232.91

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 68,580.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 68,580.00 |

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| Fill i | | | Diāsbitoi | ent Paggel10ob509 | | | |
|----------|--------------------------------------|---|--|--|--|--|---|
| | n this informa | ation to identify your o | case and this filing: | | | | |
| Debt | or 1 | Tamara C. Miller | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| Debt | or 2 se, if filing) | First Name | Middle Name | Last Name | | | |
| | | | | | | | |
| Unite | ed States Banl | kruptcy Court for the: | EASTERN DISTRICT C | DF PENNSYLVANIA | | | |
| Case | number | | | | | I | Check if this is an |
| | | | | | | | amended filing |
| ~ | | 1001/5 | | | | | |
| <u> </u> | icial For | m 106A/B | | | | | |
| Sc | hedule | A/B: Prop | erty | | | | 12/15 |
| _ | you own or ha | ve any legal or equitable | · · · | te You Own or Have an Interest In , building, land, or similar property? | | | |
| _ | No. Go to Part 2 | - | | | | | |
| | Yes. Where is t | he property? | | | | | |
| | | | | | | | |
| _ | 908 Green Street address, if | Street available, or other description | Sinç | e property? Check all that apply gle-family home blex or multi-unit building adominium or cooperative | the amount of | of any secured | ms or exemptions. Put claims on <i>Schedule D:</i> is <i>Secured by Property</i> . |
| _ | | | ☐ Sing ☐ Dup ☐ Cor | gle-family home blex or multi-unit building | the amount of Creditors Wil | of any secured ho Have Claim | claims on Śchedule D: as Secured by Property. |
| - | Street address, if | available, or other description | ☐ Sing ☐ Dup ☐ Cor ☐ Mar 01-0000 ☐ Lan | gle-family home olex or multi-unit building idominium or cooperative nufactured or mobile home d | Current valuentire prope | of any secured ho Have Claim ue of the erty? | claims on Schedule D: s Secured by Property. Current value of the portion you own? |
| - | Street address, if | available, or other description | ☐ Sing ☐ Dup ☐ Cor ☐ Mar 01-0000 ☐ Lan ☐ Inve | gle-family home olex or multi-unit building idominium or cooperative nufactured or mobile home d estment property | Current valuentire prope | of any secured ho Have Claim ue of the | claims on Schedule D: s Secured by Property. Current value of the portion you own? |
| - | Street address, if | available, or other description | ☐ Sing ☐ Dup ☐ Cor ☐ Mar 01-0000 ☐ Lan ☐ Inve | gle-family home plex or multi-unit building adominium or cooperative nufactured or mobile home d estment property eshare | Current valuentire proper \$144 | of any secured the Have Claim use of the entry? 4,000.00 e nature of yo | claims on Schedule D: as Secured by Property. Current value of the portion you own? \$144,000.00 |
| - | Street address, if | available, or other description | Sing Dup Cor Mar Cor Mar Cor Cor Cor Cor Cor Co | gle-family home plex or multi-unit building adominium or cooperative nufactured or mobile home d estment property eshare | Current valuentire proper \$144 Describe the (such as fee a life estate) | of any secured the Have Claim use of the erty? 4,000.00 e nature of yoe simple, tena), if known. | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$144,000.00 |
| - | Street address, if a Norristown City | PA 1946 State Z | ☐ Sing ☐ Dup ☐ Cor ☐ Mar O1-0000 ☐ Lan ☐ Inve ☐ Tim ☐ Oth Who has a ☐ Deb | gle-family home plex or multi-unit building adominium or cooperative aufactured or mobile home d estment property eshare er in interest in the property? Check one | Current valuentire proper \$14. Describe th (such as fee | of any secured the Have Claim use of the erty? 4,000.00 e nature of yoe simple, tena), if known. | claims on Schedule D: as Secured by Property. Current value of the portion you own? \$144,000.00 |
| - | Norristown City Montgomer | PA 1946 State Z | ☐ Sing ☐ Dup ☐ Cor ☐ Mar O1-0000 ☐ Lan ☐ Inve ☐ Tim ☐ Oth Who has a ☐ Deb | gle-family home olex or multi-unit building adominium or cooperative nufactured or mobile home d estment property eshare er in interest in the property? Check one otor 1 only | Current valuentire proper \$144 Describe the (such as fee a life estate) | of any secured the Have Claim use of the erty? 4,000.00 e nature of yoe simple, tena), if known. | claims on Schedule D: as Secured by Property. Current value of the portion you own? \$144,000.00 |
| - | Street address, if a Norristown City | PA 1946 State Z | Sing Dup Cor Mar 01-0000 Lan ZIP Code Inve Tim Oth Who has a Deb Deb | gle-family home olex or multi-unit building adominium or cooperative nufactured or mobile home d estment property eshare er an interest in the property? Check one otor 1 only otor 2 only | Current valuentire prope \$144 Describe th (such as fer a life estate Fee simp | of any secured ho Have Claim ue of the enty? 4,000.00 e nature of yo e simple, tena), if known. le | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$144,000.00 |
| - | Norristown City Montgomer | PA 1946 State Z | Sing Dup Cor Mar O1-0000 ZIP Code Inve Tim Oth Who has a Deb Deb At le | gle-family home olex or multi-unit building adominium or cooperative nufactured or mobile home d estment property eshare er un interest in the property? Check one otor 1 only otor 2 only east one of the debtors and another | Current valuentire proper \$14. Describe th (such as fee a life estate Fee simp | of any secured the Have Claim use of the erty? 4,000.00 e nature of yoe simple, tena), if known. le | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$144,000.00 our ownership interest ncy by the entireties, or |
| - | Norristown City Montgomer | PA 1946 State Z | Sing Dup Cor Mar O1-0000 ZIP Code Inve Tim Oth Who has a Deb Deb At le Other info | gle-family home olex or multi-unit building adominium or cooperative nufactured or mobile home d estment property eshare er an interest in the property? Check one otor 1 only otor 2 only | Current valuentire proper \$14. Describe th (such as fee a life estate Fee simp | of any secured the Have Claim use of the erty? 4,000.00 e nature of yoe simple, tena), if known. le | claims on Schedule D: s Secured by Property. Current value of the portion you own? \$144,000.00 our ownership interest ncy by the entireties, or |
| - | Norristown City Montgomer | PA 1946 State Z | Sing Dup Cor Mar Cor Mar Cor Mar Cor Mar Cor Mar Cor Mar Cor Cor Mar Cor Cor Mar Cor Cor Mar Cor Co | gle-family home olex or multi-unit building adominium or cooperative autifactured or mobile home d estment property eshare er in interest in the property? Check one ofter 1 only ofter 2 only ofter 1 and Debtor 2 only east one of the debtors and another remation you wish to add about this ite dentification number: cket value: \$160,000.00 - 10% of | Current valuentire proper \$14. Describe th (such as fee a life estate Fee simp | of any secured the Have Claim use of the erty? 4,000.00 e nature of you is simple, tena hand, if known. le | claims on Schedule D: Is Secured by Property. Current value of the portion you own? \$144,000.00 our ownership interest ncy by the entireties, or |
| - | Norristown City Montgomer | PA 1946 State Z | Sing Dup Cor Mar O1-0000 Lan Dip Tim Oth Who has a Deb Deb Deb At le Other inforproperty is Fair mar | gle-family home olex or multi-unit building adominium or cooperative autifactured or mobile home d estment property eshare er in interest in the property? Check one ofter 1 only ofter 2 only ofter 1 and Debtor 2 only east one of the debtors and another remation you wish to add about this ite dentification number: cket value: \$160,000.00 - 10% of | Current valuentire proper \$14. Describe th (such as fee a life estate Fee simp | of any secured the Have Claim use of the erty? 4,000.00 e nature of you is simple, tena hand, if known. le | claims on Schedule D: Is Secured by Property. Current value of the portion you own? \$144,000.00 our ownership interest ncy by the entireties, or munity property |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Caase1.991.667337aamoc DiDoc1.54FiilecF116/12961/96/22nteFende16/12961/961/32399232:279escDN/scin DiEnchinden* PRage4.2106549

| Debte | or 1 <u>T</u> | amara C. Mille | r | | Case number (if known) | |
|----------------|-----------------------|---|--|--|---------------------------------------|--|
| 3. Ca | rs, vans, | trucks, tractors | , sport utility vel | hicles, motorcycles | | |
| | Ma. | | | | | |
| _ | | | | | | |
| - | Yes | | | | | |
| 2.4 | Makai | Subaru | | Who has an interest in the preparity? Observe | Do not deduct secu | red claims or exemptions. Put |
| 3.1 | Make: | Legacy | | Who has an interest in the property? Check one | | secured claims on Schedule D: e Claims Secured by Property. |
| | Model: Year: | 2012 | | ■ Debtor 1 only □ Debtor 2 only | | |
| | | nate mileage: | 80,000 | Debtor 1 and Debtor 2 only | Current value of the entire property? | ne Current value of the portion you own? |
| | | ormation: | | ☐ At least one of the debtors and another | , | |
| | | | | ☐ Check if this is community property | \$5,327. | 95,327.00 |
| | | | | (see instructions) | | |
| | Yes dd the dd | | | n for all of your entries from Part 2, including | | \$5,327.00 |
| .pa | iges you | have attached f | or Part 2. Write t | that number here | => | Ψ5,327.00 |
| Don't 0 | D | h - V D | | | | |
| | | | and Household Ite | ems terest in any of the following items? | | Current value of the |
| | | | · | lerest in any or the following items: | | portion you own? Do not deduct secured claims or exemptions. |
| <i>E</i> > | <i>(amples:</i> No | goods and furn Major appliances scribe | | china, kitchenware | | |
| | | М | isc. household | d goods and furnishings | | \$2,850.00 |
| | | | | | | |
| Ex | No | Televisions and r | | eo, stereo, and digital equipment; computers, pr ledia players, games | rinters, scanners; music co | ellections; electronic devices |
| | Tes. De | | | | | ¢4 200 00 |
| | | M | isc. electronic | S | | \$1,200.00 |
| Ex | camples: | | ırines; paintings, memorabilia, col | prints, or other artwork; books, pictures, or othe llectibles | er art objects; stamp, coin, | or baseball card collections; |
| | Yes. De | scribe | | | | |
| E | amples: | for sports and h Sports, photograp musical instrume | ohic, exercise, an | d other hobby equipment; bicycles, pool tables, | , golf clubs, skis; canoes a | nd kayaks; carpentry tools; |
| | No Yes. De | scribe | | | | |
| 10. F i | irearms | | notguns, ammunit | ion, and related equipment | | |
| | No , | • | · | | | |

Official Form 106A/B Schedule A/B: Property page 2

Case 1991667337aamoc Dio c154 Fiile dF110/12961/96/22nte Ferdet 0/12961/961/2299232:230 es d Novimbre 1991667337aamoc Dio c154 Fiile dF110/12961/96/22nte Ferdet 0/12961/961/2299232:230 es d Novimbre 199167337aamoc Dio c154 Fiile dF110/12961/96/22nte Ferdet 0/12961/961/2299232:230 es d Novimbre 199167337aamoc Dio c154 Fiile dF110/12961/96/22nte Ferdet 0/12961/961/2299232:230 es d Novimbre 199167337aamoc Dio c154 Fiile dF110/12961/96/22nte Ferdet 0/12961/961/2299232:230 es d Novimbre 199167337aamoc Dio c154 Fiile dF110/12961/96/22010 es d Novimbre 19916730 es d Novimbre 19

| De | ebtor 1 | Tamara C. M | Miller | | пики гадде | Case number | (if known) | |
|-----|----------------------------------|---|-------------|---|------------------------|---|--------------|--|
| | ☐ Yes. | Describe | | | | | | |
| | □ No · | | othes, furs | s, leather coats, designer | wear, shoes, access | ories | | |
| | | | Misc. u | sed clothing | | |] | \$300.00 |
| | □ No | | | | nt rings, wedding ring | s, heirloom jewelry, watche | s, gems, g | |
| | | | Misc. j | ewelry | | | | \$300.00 |
| 14. | Examp ■ No □ Yes. Any otl ■ No | rm animals oles: Dogs, cats, Describe her personal an | ıd househ | old items you did not a | Iready list, includinલ | g any health aids you did r | not list | |
| | for Pa | | number h | ere | | es for pages you have atta | iched | \$4,650.00 |
| | | | | quitable interest in any o | of the following? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | | · | ur wallet, in your home, i | • | and on hand when you file y | your petitio | on |
| | | | | | | Cash | | \$50.00 |
| | Examp □ No | | | other financial accounts; e multiple accounts with | | it; shares in credit unions, bi list each. | rokerage f | nouses, and other similar |
| | | | 17.1. | Checking; Acct No. x3296 | Chime Bank | | | \$1,105.00 |
| | | | 17.2. | Savings; Acct. No. x1450 | Chime Bank | | | \$198.00 |
| | | | | y traded stocks nt accounts with brokera | ge firms, money mark | set accounts | | |

☐ Yes..... Institution or issuer name:

Case 1.991.667337aamoc Dioo 1.54 Fille dF 110 12961/96/22 nte Ferdet 0 12961/961/2299232:279es d Diox birbite 14t PRage 1.430 1549

| De | btor 1 | Tamara C. Miller | | | Case number (if known) | |
|-----|-------------------|---|---------------------------|--|-------------------------------|--|
| | joint v | ublicly traded stock and int renture | erests in incorporated | and unincorporated businesse | s, including an interest in | an LLC, partnership, and |
| | ■ No | | | | | |
| | □ Yes. | Give specific information ab Name | out them of entity: | | % of ownership: | |
| | Negot | <i>iable instrument</i> s include per | sonal checks, cashiers' | and non-negotiable instrument checks, promissory notes, and mo o someone by signing or deliverin | oney orders. | |
| | ☐ Yes. | Give specific information about Issuer | out them name: | | | |
| | | ment or pension accounts oles: Interests in IRA, ERISA | , Keogh, 401(k), 403(b), | thrift savings accounts, or other p | ension or profit-sharing plan | s |
| | Yes. | List each account separately Type of a | | Institution name: | | |
| | | 401(k) | - | Fidelity Investments | | \$3,136.00 |
| 22. | Your s | | ou have made so that y | ou may continue service or use fro utilities (electric, gas, water), telec | | or others |
| | ■ No □ Yes. | | | Institution name or individual: | | |
| | | | payment of money to yo | ou, either for life or for a number o | f years) | |
| | No | | | | | |
| | ☐ Yes | lssuer name a | and description. | | | |
| | 26 U.S. | ts in an education IRA, in a C. §§ 530(b)(1), 529A(b), and | | d ABLE program, or under a qu | alified state tuition progra | n. |
| | ■ No □ Yes | Institution nan | ne and description. Sepa | arately file the records of any inter | ests.11 U.S.C. § 521(c): | |
| | Trusts ■ No | , equitable or future interes | ets in property (other th | nan anything listed in line 1), an | d rights or powers exercis | able for your benefit |
| | | Give specific information ab | out them | | | |
| | Exam _l | s, copyrights, trademarks, ples: Internet domain names, | | er intellectual property n royalties and licensing agreeme | nts | |
| | ■ No □ Yes. | Give specific information ab | out them | | | |
| 27. | | es, franchises, and other goles: Building permits, exclus | | e association holdings, liquor licen | ses, professional licenses | |
| | ■ No □ Yes. | Give specific information ab | out them | | | |
| | | property owed to you? | | | | Current value of the |
| | • | , , , , | | | | portion you own? Do not deduct secured claims or exemptions. |
| | _ | funds owed to you | | | | |
| | ■ No □ Yes. | Give specific information abo | out them, including whet | her you already filed the returns a | nd the tax years | |
| | Exam | support oles: Past due or lump sum a | limony, spousal support | , child support, maintenance, divo | rce settlement, property sett | lement |
| | ■ No | Cive enecific information | | | | |
| | | Give specific information n 106A/B | | edule A/B: Property | | page 4 |

| | | | _ | |
|-----|---|--|--|----------------------------|
| 30. | | owes you disability insurance payments, disability benefits, sick d loans you made to someone else | pay, vacation pay, workers' compe | nsation, Social Security |
| | ■ No | arta a | | |
| | ☐ Yes. Give specific inform | ation | | |
| 31. | Interests in insurance poli Examples: Health, disability □ No | icies y, or life insurance; health savings account (HSA); cre | dit, homeowner's, or renter's insurar | nce |
| | ■ Yes. Name the insurance | company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | | Trustmark (Term life insurance - no cash value) | Alphonso Miller | \$0.00 |
| | | Lincoln Financial (Term life insurance - no cash value) | Alphonso Miller | \$0.00 |
| 32. | If you are the beneficiary of someone has died. | nat is due you from someone who has died f a living trust, expect proceeds from a life insurance p | policy, or are currently entitled to rec | eive property because |
| | No☐ Yes. Give specific inform | ation | | |
| | | a | | |
| 33. | | es, whether or not you have filed a lawsuit or made oyment disputes, insurance claims, or rights to sue | e a demand for payment | |
| | ☐ Yes. Describe each claim | 1 | | |
| 34. | Other contingent and unli | quidated claims of every nature, including counte | rclaims of the debtor and rights to | set off claims |
| | ☐ Yes. Describe each claim | 1 | | |
| 35. | Any financial assets you o | did not already list | | |
| | ☐ Yes. Give specific inform | ation | | |
| 36 | 6. Add the dollar value of a for Part 4. Write that nun | II of your entries from Part 4, including any entries | s for pages you have attached | \$4,489.00 |
| Dء | rt 5: Describe Any Business-F | Related Property You Own or Have an Interest In. List any | real estate in Part 1 | |
| | <u></u> | | real estate III Fait 1. | |
| | Do you own or have any legal No. Go to Part 6. | or equitable interest in any business-related property? | | |
| I | Yes. Go to line 38. | | | |
| | | | | |
| Pa | , | Commercial Fishing-Related Property You Own or Have rest in farmland, list it in Part 1. | an Interest In. | |
| 46. | Do you own or have any le | egal or equitable interest in any farm- or commerc | ial fishing-related property? | |
| | ☐ Yes. Go to line 47. | | | |
| Pa | ort 7: Describe All Proper | ty You Own or Have an Interest in That You Did Not List A | Above | |

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1

Caased 1991 667337 aamoc DDocd 54 Filled Filled 2961/96/22 nte Eerdel 10/2961/961/2319932:239 es d Describite At Plaggel 650 650 9

Debtor 1 Case number (if known) Tamara C. Miller 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$144,000.00 Part 2: Total vehicles, line 5 \$5,327.00 Part 3: Total personal and household items, line 15 57. \$4,650.00 Part 4: Total financial assets, line 36 \$4,489.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... Copy personal property total \$14,466.00 \$14,466.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$158,466.00

Case 1991 667377 aam c DDoc 154 File of 110 129 61/96 1220 nte Earder 6 129 61/96 1223 1923 2:20 es od Nation DEscribite At Plage 1.160 fb 649

| mation to identify your | case: | | |
|--------------------------|--|--|--|
| Tamara C. Miller | | | |
| First Name | Middle Name | Last Name | |
| | | | |
| First Name | Middle Name | Last Name | |
| ankruptcy Court for the: | EASTERN DISTRICT C | DF PENNSYLVANIA | |
| | | | ☐ Check if this is an amended filing |
| | Tamara C. Miller First Name First Name | First Name Middle Name First Name Middle Name | Tamara C. Miller First Name Middle Name Last Name First Name Middle Name Last Name |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | y the Proj | perty You | Claim as | Exempt |
|---------|----------|------------|-----------|----------|--------|
| | | | | | |

| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | |
|--|--|--|-----|---|------------------------------------|--|--|--|
| | ■ You are claiming federal exemptions. 11 | You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | |
| | 908 Green Street Norristown, PA 19401 Montgomery County | \$144,000.00 | | \$23,303.25 | 11 U.S.C. § 522(d)(1) | | | |
| | Fair market value: \$160,000.00 - 10% cost of sale (\$16,000.00) = \$144,000.00 Line from <i>Schedule A/B</i> : 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | 2012 Subaru Legacy 80,000 miles | \$5,327.00 | | \$0.00 | 11 U.S.C. § 522(d)(2) | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Misc. household goods and furnishings | \$2,850.00 | | \$2,850.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Misc. electronics Line from Schedule A/B: 7.1 | \$1,200.00 | | \$1,200.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Ellie Holli Osificadio 702. TTI | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Misc. used clothing | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(3) | | | |
| | Line nom oblicatio FVD. | | | 100% of fair market value, up to any applicable statutory limit | | | | |

Casel 991667377aamc DDoc154FiledF11612961/96/22nteFerder6/2961/961/2399232:239esdDk/scin DExhibiter4t PRggel 8706509 Debtor 1 Tamara C. Miller Case number (if known)

| | - Lamara Or IIIII O | | | | |
|---|--|--------------------------------------|-----|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Misc. jewelry Line from Schedule A/B: 12.1 | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(4) |
| | Line Holli Schedule Arb. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Line from Schedule A/B: 16.1 | \$50.00 | | \$50.00 | 11 U.S.C. § 522(d)(5) |
| | Ellie Holli Gelledale PAB. 1011 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking; Acct No. x3296: Chime Bank | \$1,105.00 | | \$1,105.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings; Acct. No. x1450: Chime Bank | \$198.00 | | \$198.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401(k): Fidelity Investments Line from Schedule A/B: 21.1 | \$3,136.00 | | \$3,136.00 | 11 U.S.C. § 522(d)(12) |
| | Ellie Holli Gelledale PAB. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Trustmark (Term life insurance - no cash value) | \$0.00 | | \$0.00 | 11 U.S.C. § 522(d)(7) |
| | Beneficiary: Alphonso Miller Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Lincoln Financial (Term life insurance - no cash value) | \$0.00 | | \$0.00 | 11 U.S.C. § 522(d)(7) |
| | Beneficiary: Alphonso Miller Line from Schedule A/B: 31.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) ■ No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No | | | | | |
| | ☐ Yes | | | | |

Case 1991 667377ammc | DDoc154 Fille (Fille 1/2961/96/22) | Dec154 Fille (Fille 1/2961/96/22) | Dec154

| | | | Di <u>ə</u> sbilaie At | PRage 1980 | 550 9 | | |
|---------------|-----------------------------|-----------------------|---|--|--|--|-------------------------------|
| Fill | in this informati | on to identify you | r case: | | | | |
| Deb | otor 1 | Tamara C. Mille | r | | | | |
| | 7 | First Name | Middle Name | Last Name | | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | | |
| Uni | ted States Bankru | uptcy Court for the: | EASTERN DISTRICT OF PE | ENNSYLVANIA | | | |
| Cas (if kn | e number | | | | | | c if this is an ded filing |
| Off | icial Form 1 | 06D | | | | | |
| | | | Who Have Claims | s Secured | by Propert | V | 12/15 |
| | | 0.00.00 | Time riave ciamic | , | Бу 1 . бро. с | , | , |
| is ne | | | If two married people are filing togo out, number the entries, and attach | | | | |
| 1. Do | any creditors hav | e claims secured by | your property? | | | | |
| | ☐ No. Check this | s box and submit th | nis form to the court with your oth | ner schedules. Yo | u have nothing else t | o report on this form. | |
| | Yes. Fill in all | of the information | below. | | - | | |
| Par | t 1: List All Se | ecured Claims | | | | | |
| | | | more than one secured claim, list the | croditor congrately | Column A | Column B | Column C |
| for e | ach claim. If more | than one creditor has | a particular claim, list the other credical order according to the creditor's n | tors in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Bridgecrest | | Describe the property that secure | es the claim: | \$11,632.14 | \$5,327.00 | \$6,305.14 |
| | Creditor's Name | | 2012 Subaru Legacy 80,00 | 00 miles | | | |
| | P.O. Box 290 Phoenix, AZ | | As of the date you file, the claim apply. | is: Check all that | | | |
| | Number, Street, City | , State & Zip Code | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| Who | o owes the debt? | Check one. | Nature of lien. Check all that appl | y. | | | |
| | Debtor 1 only | | ■ An agreement you made (such a | as mortgage or secu | ıred | | |
| | Debtor 2 only | | car loan) | | | | |
| _ | Debtor 1 and Debtor | r 2 only | ☐ Statutory lien (such as tax lien, r | mechanic's lien) | | | |
| | At least one of the d | ebtors and another | ☐ Judgment lien from a lawsuit | • | | | |
| | Check if this claim | relates to a | ☐ Other (including a right to offset) |) | | | |

community debt

Date debt was incurred 9/2017

Last 4 digits of account number

0001

Case 199166737 and Doc 154 Filed F110 12961/96/22 ntelegral et 0 12961/961/2399232: 279 es 10 145 cin Describite At Plage 20 90 154 9

| Deb | tor 1 Tamara C. Miller | | Case number (if known) | | |
|------|---|--|------------------------|--------------|--------|
| | First Name Middle N | ame Last Name | | | |
| | Hobitot For Humanity | | | | |
| 2.2 | Habitat For Humanity Mont. Cty | Describe the property that secures the claim: | \$94,816.80 | \$144,000.00 | \$0.00 |
| | Creditor's Name | 908 Green Street Norristown, PA | | | |
| | | 19401 Montgomery County | | | |
| | | Fair market value: \$160,000.00 - 10% | | | |
| | | cost of sale (\$16,000.00) = | | | |
| | | \$144,000.00 | | | |
| | 533 Foundry Road | As of the date you file, the claim is: Check all that apply. | | | |
| | West Norriton, PA 19403 | Contingent | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | | ☐ Disputed | | | |
| Who | o owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| | Debtor 1 only | ■ An agreement you made (such as mortgage or | secured | | |
| | Debtor 2 only | car loan) | | | |
| | Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ПА | at least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| _ | Check if this claim relates to a | ☐ Other (including a right to offset) | | | |
| • | community debt | | | | |
| Date | debt was incurred 6/2008 | Last 4 digits of account number | | | |
| Date | dest was incurred 0/2000 | | | | |
| | Montgomony County Toy | | | | |
| 2.3 | Montgomery County Tax Claim Bureau | Describe the property that secures the claim: | \$24,827.33 | \$144,000.00 | \$0.00 |
| | Creditor's Name | 908 Green Street Norristown, PA | | <u> </u> | |
| | | 19401 Montgomery County | | | |
| | | Fair market value: \$160,000.00 - 10% | | | |
| | | cost of sale (\$16,000.00) = | | | |
| | One Montgomery Plaza | \$144,000.00 | | | |
| | Suite 610 | As of the date you file, the claim is: Check all that apply. | | | |
| | Norristown, PA 19401 | Contingent | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | | Disputed | | | |
| Who | o owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| | Debtor 1 only | ☐ An agreement you made (such as mortgage or | secured | | |
| _ | Debtor 2 only | car loan) | | | |
| | Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| | at least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | Check if this claim relates to a | • | borough and school ta | x | |
| | community debt | cases. (another ingrition of one of | | | |
| Data | debt was incurred 2011-2018 | Last 4 digits of account number 401 | 2 | | |
| Date | ZUII-ZUIO | Last 4 digits of account number 4016 | <u> </u> | | |

| Debtor 1 Tamara C. Miller | | | Case number (if known) | | |
|---------------------------|---|---|--|------------------------------|----------|
| | First Name Middle N | ame Last Name | | | |
| 2.4 | Municipality of Norristown | Describe the property that secures the claim: | \$1,052.62 | \$144,000.00 | \$0.00 |
| | c/o Portnoff Law Associates, Ltd. P.O. Box 391 | 908 Green Street Norristown, PA 19401 Montgomery County Fair market value: \$160,000.00 - 10% cost of sale (\$16,000.00) = \$144,000.00 As of the date you file, the claim is: Check all that | | | |
| | Norristown, PA 19404 | apply. □ Contingent | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who | owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| | ebtor 1 only ebtor 2 only | ☐ An agreement you made (such as mortgage or car loan) | secured | | |
| | ebtor 1 and Debtor 2 only | \square Statutory lien (such as tax lien, mechanic's lien |) | | |
| | t least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | heck if this claim relates to a community debt | Other (including a right to offset) Municip | al lien | | |
| Date | debt was incurred | Last 4 digits of account number 201 | 8 | | |
| | | | | | |
| Add | d the dollar value of your entries in C | column A on this page. Write that number here: | \$132,328. | 89 | |
| | his is the last page of your form, add ite that number here: | the dollar value totals from all pages. | \$132,328. | 89 | |
| Part | 2: List Others to Be Notified for | or a Debt That You Already Listed | | | |
| trying than | g to collect from you for a debt you o | e notified about your bankruptcy for a debt that y we to someone else, list the creditor in Part 1, an t you listed in Part 1, list the additional creditors his page. | nd then list the collection agen | cy here. Similarly, if you h | ave more |
| | Name, Number, Street, City, State & Graham R. Bickel, Esquire Hamburg, Rubin, Mullin, Ma 375 Morris Road P.O. Box 1479 Lansdale, PA 19446 | | which line in Part 1 did you entert 4 digits of account number | the creditor? 2.2 | |

Case 1.991.667337aamoc Dioo 1.54 Fiile of 110/12961/96/22nte Ferder 0/12961/961/2299232:29es o Dienstinie At Plage 2.106509

| | | Dl o is bitoie iAt | PRgg@21 | b 5€ 9 | | |
|---|---|--|-------------------------------------|---|---------------------------------|--|
| Fill in this infor | mation to identify your | case: | | | | |
| Debtor 1 | Tamara C. Miller | | | | | |
| Debier 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT OF PE | NNSYLVANIA | | | |
| | | | | | | |
| Case number (if known) | | | | | п | Check if this is an |
| (| | | | | | mended filing |
| | | | | | 1 | g |
| Official For | m 106E/F | | | | | |
| Schedule I | E/F: Creditors W | ho Have Unsecured | d Claims | | | 12/15 |
| Schedule G: Exec Schedule D: Cred left. Attach the Co name and case nu | utory Contracts and Unexp itors Who Have Claims Sec intinuation Page to this pag umber (if known). | that could result in a claim. Also ired Leases (Official Form 106G). ured by Property. If more space i e. If you have no information to r | Do not include s needed, copy to | any creditors with partially sthe Part you need, fill it out, | secured claims number the en | that are listed in tries in the boxes on the |
| | All of Your PRIORITY Un | | | | | |
| | tors have priority unsecure | d claims against you? | | | | |
| ■ No. Go to | Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: List | All of Your NONPRIORIT | V Unacquired Claims | | | | |
| | | | | | | |
| _ ` | tors have nonpriority unsec | | | | | |
| ☐ No. You h | ave nothing to report in this p | art. Submit this form to the court with | h your other sche | dules. | | |
| Yes. | | | | | | |
| unsecured cla | im, list the creditor separately | aims in the alphabetical order of or for each claim. For each claim list st the other creditors in Part 3.If you | ed, identify what t | type of claim it is. Do not list cl | aims already ind | cluded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 AR Re | sources, Inc. | Last 4 digits of a | count number | 6069 | | \$1,546.00 |
| | ity Creditor's Name | | | | | |
| _ | ox 1056 sell, PA 19422 | When was the de | bt incurred? | | | _ |
| | Street City State Zip Code | As of the date yo | u file, the claim i | is: Check all that apply | | |
| Who inc | urred the debt? Check one. | • | | | | |
| ■ Debto | or 1 only | ☐ Contingent | | | | |
| ☐ Debto | or 2 only | ☐ Unliquidated | | | | |
| | or 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ast one of the debtors and and | other Type of NONPRIC | RITY unsecured | d claim: | | |
| _ | k if this claim is for a comr | П оф.,,d = ,, ф , = , = , | | | | |
| debt | | ☐ Obligations aris | | aration agreement or divorce th | nat you did not | |
| Is the cla | aim subject to offset? | report as priority cl | | | | |
| ■ No | | ☐ Debts to pension | • | ng plans, and other similar deb | | |
| ☐ Yes | | Other. Specify | Ambulance Plymouth C | e services. Original cr Community Ambulanc | editor: e | _ |

Case 1991 667337 aamoc DDoc 154 File dF 110 6/29 61/96 / 222 nte Ferdet 0/29 61/96 1/223 99232: 239es dD 145 ain DEschibite At Plage 222 of 549

| Debtor | 1 Tamara C. Miller | Case number (if known) | |
|--------|--|---|------------|
| 4.2 | Credit Collection Services Nonpriority Creditor's Name | Last 4 digits of account number 0567 | \$117.00 |
| | Two Wells Avenue Newton, MA 02459 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Labcorp | |
| 4.3 | Jefferson Capital System | Last 4 digits of account number 0010 | \$402.00 |
| | Nonpriority Creditor's Name 16 McLeland Road Saint Cloud, MN 56303 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Verizon Wireless | |
| 4.4 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | \$3,696.00 |
| | P.O. Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ■ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| | | | |

Case 1991 66737 arms: Dio c154 File cF11 6/129 61/96/22 ntelegral et 6/129 61/961/2399232: 279 es cD less cin Dia x birbite int. Plagg 223 of 549

| Debtor 1 Tamara C. Miller | | Case number (if known) | | | |
|---------------------------|--|--|------------|--|--|
| 4.5 | Navient | Last 4 digits of account number | \$5,439.00 | | |
| | Nonpriority Creditor's Name P.O. Box 9500 | When was the debt incurred? | | | |
| | Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | <u> </u> | ☐ Disputed | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | | | |
| | At least one of the debtors and another | Student loans | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □ Yes | ☐ Other. Specify | | | |
| 4.6 | Navient | Last 4 digits of account number | \$3,376.00 | | |
| | Nonpriority Creditor's Name | | . , | | |
| | P.O. Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify | | | |
| 4.7 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | \$2,719.00 | | |
| | P.O. Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | □Yes | Other. Specify | | | |

Case 1991 667337 aamoc DDoc 154 File dF 110 6/29 61/96 / 222 nte Ferdet 0/29 61/96 1/223 99232: 279 es dD 14/3 cin DE x birbie At Plage 224 of 549

| Debtor 1 Tamara C. Miller | | Case number (if known) | | | |
|---------------------------|--|--|------------|--|--|
| 4.8 | Navient Nonpriority Creditor's Name | Last 4 digits of account number | \$1,232.00 | | |
| | P.O. Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Yes | Other. Specify | | | |
| 4.9 | Navient | Last 4 digits of account number | \$555.00 | | |
| | Nonpriority Creditor's Name P.O. Box 9500 Wilkon Borro, PA 19773 | When was the debt incurred? | | | |
| | Wilkes Barre, PA 18773 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | , | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ☐ Other. Specify | | | |
| 4.1 | Navient | Last 4 digits of account number | \$6,141.00 | | |
| | Nonpriority Creditor's Name P.O. Box 9500 Wilkes Barre. PA 18773 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | |
| | ☐ Yes | ☐ Other. Specify | | | |
| | | | | | |

Case 1991 66737 arms: Dio c154 File cF11 6/129 61/96/22 ntelegral et 6/129 61/961/2399232: 279 es cD less cin Dia x birbite int. Plagg 20 55 65 69

| DCDIO | I allial a | J. Willier | | Odsc III | amber (ii kilowii) | | | | |
|--------------------|-------------------------------|------------------------------------|--|-----------------------------|---------------------------------------|-------------------------|--|--|--|
| | - | nent of Education | Last 4 digits of account number | | | \$37,207.00 | | | |
| | | ational Lane | When was the debt incurred? | When was the debt incurred? | | | | | |
| | P.O. Box 78 Madison, V | | | | | | | | |
| | | City State Zip Code | As of the date you file, the claim | is: Checl | k all that apply | | | | |
| | Who incurred | the debt? Check one. | | | , | | | | |
| | ■ Debtor 1 on | nlv | ☐ Contingent | | | | | | |
| | Debtor 2 or | • | ☐ Unliquidated | | | | | | |
| | _ | nd Debtor 2 only | ☐ Disputed | | | | | | |
| | | e of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | | is claim is for a community | Student loans | | | | | | |
| | debt | is claim is for a community | Obligations arising out of a sep | aration ac | greement or divorce that you did not | | | | |
| | Is the claim su | ubject to offset? | report as priority claims | aration ag | greenient of diverse that you did not | | | | |
| | No | | ☐ Debts to pension or profit-shari | ng plans, | and other similar debts | | | | |
| | ☐ Yes | | Other. Specify | | | | | | |
| 4.1 | IIS Denartr | ment of Education | Lock 4 distinct of account numbers | | | \$8,215.00 | | | |
| - 1 | Nonpriority Cre | | Last 4 digits of account number | | | ψ0,213.00 | | | |
| | 2401 Intern P.O. Box 78 | ational Lane 859 | When was the debt incurred? | | | | | | |
| _ | | City State Zip Code | As of the date you file, the claim | is: Checl | k all that apply | | | | |
| | _ | the debt? Check one. | | | | | | | |
| | Debtor 1 or | nly | Contingent | | | | | | |
| | Debtor 2 or | nly | Unliquidated | | | | | | |
| | Debtor 1 ar | nd Debtor 2 only | Disputed | | | | | | |
| | ☐ At least one | e of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | | is claim is for a community | Student loans | | | | | | |
| | debt Is the claim su | ubject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | No | | Debts to pension or profit-shari | ng plans, | and other similar debts | | | | |
| | ☐ Yes | | Other. Specify | | | | | | |
| Part 3: | List Other | s to Be Notified About a Debt | That You Already Listed | | | | | | |
| is tryin have m | g to collect from | om you for a debt you owe to son | out your bankruptcy, for a debt that neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page. | n Parts 1 | or 2, then list the collection agency | here. Similarly, if you | | | |
| Part 4: | Add the A | mounts for Each Type of Uns | ecured Claim | | | | | | |
| | he amounts of unsecured cl | | s. This information is for statistical | reporting | g purposes only. 28 U.S.C. §159. Add | d the amounts for each | | | |
| | | | | | Total Claim | | | | |
| Total | 6a. | Domestic support obligations | | 6a. | \$0.00 | | | | |
| claims from Par | t 1 6b. | Taxes and certain other debts | you owe the government | 6b. | \$ 0.00 | | | | |
| | 6c. | Claims for death or personal in | jury while you were intoxicated | 6c. | \$ 0.00 | | | | |
| | 6d. | Other. Add all other priority unse | cured claims. Write that amount here. | 6d. | \$ | - - | | | |
| | 6e. | Total Priority. Add lines 6a throu | igh 6d. | 6e. | \$ | | | | |
| | | | | | Total Claim | | | | |
| | 6f. | Student loans | | 6f. | \$ 68,580.00 | _ | | | |
| Total claims | | | | | | | | | |
| from Par | t 2 6g. | Obligations arising out of a sep | paration agreement or divorce that laims | 6g. | \$ 0.00 | | | | |

Official Form 106 E/F

Case 1991667337aamoc Dioo 154 Fiile dF110/12961/96/22nte Fernlet 0/12961/961/32399232:20) es d Describite At Plage 2260 5549

| Debtor 1 | Tamara C. Miller | | Case nu | imber (if known) | | |
|----------|------------------|---|---------|------------------|-----------|--|
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 | |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 2,065.00 | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 70,645.00 | |

Caase1991667377aamoc DDoc154FiiledF116/12961/96/22nteEerdet6/12961/961/32399232:239esdDktstin DEschibite/At PRage28766549

| Fill in this infor | ill in this information to identify your case: | | | | | | |
|---------------------|--|--------------------|-----------------|--|-----------------------|--|--|
| Debtor 1 | Tamara C. Miller | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | OF PENNSYLVANIA | | | | |
| Case number | | | | | | | |
| (if known) | | | | | ☐ Check if this is an | | |
| | | | | | amended filing | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

Case 1.991.667377 and Dioc 1.54 File of 110 12961/96/22 ntelegral et 0 12961/961/2299232:20 es o Dies con Diac bino et al. Plage 2.98 o 5 6 9

| | | Dlēns bito iet | nAt PRagge22866 | 54 9 | |
|-------------------------------|---|-------------------------------|-------------------------|---|--|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Tamara C. Miller | | | | |
| 20010. | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filin | rg) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | EASTERN DISTRICT C | F PENNSYLVANIA | | |
| Case numb | oor | | | | |
| (if known) | DEI | | | | Check if this is an amended filing |
| Official | Form 106H | | | | |
| | ule H: Your Cod | ehtors | | | 12/15 |
| ocnea | die II. Tour ood | CDIOIS | | | 12/13 |
| your name | and case number (if known) | . Answer every question | | | of any Additional Pages, write |
| ■ No □ Yes | | | | | |
| | nin the last 8 years, have you a, California, Idaho, Louisiana, | | | | states and territories include |
| | | | one moo, ronde, rraem | g.c, a.i.a viiocoiiciiii, | |
| | Go to line 3. Did your spouse, former spou | una ar lagal aguivalent live | with you at the time? | | |
| □ 1es | . Dia your spouse, former spou | ise, or legal equivalent live | e with you at the time? | | |
| in line Form 1 | 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed the | with you. List the person shown e creditor on Schedule D (Official schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | Column 2: The cred Check all schedules | ditor to whom you owe the debt s that apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | _ □ Schedule E, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | _ | |
| | | | | Ostrodalo D. Con | |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, lire | |
| | | | | ☐ Schedule G, line | |
| 1 | Number Street | | | _ | |
| (| City | State | ZIP Code | | |

| Fill | in this information to identify your c | ase: | | | | | | | |
|----------------------------|---|--|-------------------------------------|---------------------------------|-------------|---|---------------------------|----------------------------|-----------------|
| | otor 1 Tamara C. N | | | | | | | | |
| | otor 2 puse, if filing) | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | EASTERN DISTRICT | OF PENNSYL\ | /ANIA | _ | | | | |
| | se number nown) | | | | | heck if this is: An amende A suppleme | d filing ent showing | , , , | • |
| \bigcirc | fficial Form 106I | | | | | 13 income a | as of the fo | llowing date: | |
| | | | | | | MM / DD/ Y | YYY | | |
| Be a sup spo atta | chedule I: Your Inc as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | sible. If two married peo are married and not filir ur spouse is not filing wi | ng jointly, and y th you, do not | your spouse i include inforr | s living w | vith you, inclu oout your spo | ude inform ouse. If mo | ation about re space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fili | ing spouse | |
| | If you have more than one job, | | ■ Employed | | | ☐ Emplo | oyed | | |
| | attach a separate page with information about additional employers. | Employment status* | ☐ Not emplo | ☐ Not employed | | | mployed | | |
| | | Occupation | Certified m | edical assis | tant | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Bridgeport | Family Prac | tice | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 700 Dekalb Bridgeport | | | | | | |
| | | How long employed th | | /2004 - prese | | | | | |
| | | | *Se | e Attachment | for Addi | tional Emplo | yment Info | rmation | |
| Par | Give Details About Mo | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If y | you have nothin | g to report for a | any line, v | write \$0 in the | space. Incl | ude your nor | n-filing |
| | u or your non-filing spouse have me e space, attach a separate sheet to | | mbine the infor | mation for all e | mployers | for that perso | n on the lin | es below. If | you need |
| | | | | | For | Debtor 1 | For Deb | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | e. 2. | \$ | 3,232.91 | \$ | N/A | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$; | 3,232.91 | \$ | N/A_ | |
| | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 1

Case 1.991.667337aamc Dooc 1.54 File of 110/12961/96/22nte Eender 0/12961/961/2299232:29es of Newson Deck in the left of the control of the c

| Deb | tor 1 | Tamara C. Miller | - | Cas | e number (if known) | | | |
|-----|----------------|--|--------|------|---------------------|------------|--------------------------------|----------|
| | | | | Fo | or Debtor 1 | | Debtor 2 or a-filing spouse | |
| | Copy | y line 4 here | 4. | \$ | 3,232.91 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 466.61 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 63.60 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$_ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 301.57 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | - \$ | 0.00 | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 831.78 | \$_ | N/A | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,401.13 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$_ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | • | | · <u> </u> | | |
| | | settlement, and property settlement. | 8c. | \$_ | 0.00 | \$_ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$_ | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$_ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Minor daughter's Social Security benefits | 8f. | \$ | 718.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: Tax refund (add back) | _ 8h.⊣ | - \$ | 202.00 | + \$ | N/A | |
| | | Contribution from son (lives with debtor) | | \$ | 300.00 | \$ | N/A | |
| | | Contribution from boyfriend (lives with debtor) | _ | \$_ | 1,000.00 | \$_ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 2,220.00 | \$_ | N/A | <u> </u> |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | | 4,621.13 + \$ | | N/A = \$ | 4.621.13 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 'Ο. Ψ | | 4,021.13 | | | 4,021.13 |
| 11. | State Inclu | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a second control of the control of | depen | | • | - | Schedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | . 12. \$ Combin | 4,621.13 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form No. | ? | | | | | / income |
| | _ | Yes. Explain: Contributions received totaling \$1.300 per month | (see | abo | ve) began Octo | ber 2 | 2019. | |

Official Form 106l Schedule I: Your Income page 2

Case 1.991.667337aamc Dood 54 Filed File 1/2961/96/22nte Eender 6/12961/961/2299232:29es (DNAscin Describite At Page 2310 6549

| Debtor 1 | Tamara C. Miller | Case number (if known) |
|----------|------------------|------------------------|
|----------|------------------|------------------------|

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|---------------------------------|--|
| Occupation | Home companion | |
| Name of Employer | Assisting Hands of Collegeville | |
| How long employed | 6/2017 - present | |
| Address of Employer | 3118 W. Germantown Pike | |
| | Norristown, PA 19403 | |

Official Form 106l Schedule I: Your Income page 3

Case 199166737 and Doc 154 Filed F110 12961/96/22 ntelegral et 0 12961/961/2399232: 279 es 10 145 cin Describite At Plage 32 0 154 9

| Fill | in this information to identify your case: | | | | | |
|------------|---|---|---|--------------|---------------------|-------------------------------|
| Deb | btor 1 Tamara C. Miller | | | Chec | k if this is: | |
| | | | - | | An amended filing | |
| | btor 2 | | | | | ing postpetition chapter |
| (Sp | pouse, if filing) | | | | 13 expenses as of t | he following date: |
| Unit | ited States Bankruptcy Court for the: <u>EASTERN</u> | N DISTRICT OF PENNS | YLVANIA | Ī | MM / DD / YYYY | |
| Cas | se number | | | | | |
| (If k | known) | | | | | |
| 0 | fficial Form 106J | | | | | |
| S | chedule J: Your Expens | 292 | | | | 12/15 |
| Be info | as complete and accurate as possible. If formation. If more space is needed, attach mber (if known). Answer every question. | f two married people are n another sheet to this f | | | | r supplying correct |
| | rt 1: Describe Your Household | | | | | |
| 1. | Is this a joint case? | | | | | |
| | ■ No. Go to line 2. | | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate | e household? | | | | |
| | □ No | | | | | |
| | Yes. Debtor 2 must file Official | Form 106J-2, Expenses | for Separate House | hold of Debt | or 2. | |
| 2. | Do you have dependents? ☐ No | | | | | |
| | | | Barrier to discorded | | B L. d. | B I I |
| | YAS | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | | Daughter | | 15 | Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| | | | | | | □ No |
| | | | | | | Yes |
| | | | | | | □ No |
| 3. | Do your expenses include ■ N | | - | | | ☐ Yes |
| 0. | expenses of people other than yourself and your dependents? | | | | | |
| Par | rt 2: Estimate Your Ongoing Monthly | Fynenses | | | | |
| Est exp | timate your expenses as of your bankrup penses as of a date after the bankruptcy plicable date. | otcy filing date unless yo | | | | |
| the | clude expenses paid for with non-cash go e value of such assistance and have inclu | | | | Your expe | enses |
| יטו | fficial Form 106l.) | | | | - I all on po | |
| 4. | The rental or home ownership expense payments and any rent for the ground or I | • | nclude first mortgage | 4. \$ | | 580.00 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's | insurance | | 4b. \$ | | 110.00 |
| | 4c. Home maintenance, repair, and upl | | | 4c. \$ | | 125.00 |
| | 4d. Homeowner's association or condo | | | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for you | r residence, such as hor | ne equity loans | 5. \$ | | 0.00 |

| Debtor | 1 Tamara | C. Miller | Case num | ber (if known) | |
|---------------------|------------------------------------|--|--------------|----------------|-----------------------|
| 6. Ut | ilities: | | | | |
| o. o t 6a | | y, heat, natural gas | 6a. | \$ | 115.00 |
| 6b | • | ewer, garbage collection | 6b. | | 156.00 |
| 6c | | ne, cell phone, Internet, satellite, and cable services | 6c. | · | 250.00 |
| 6d | • | | 6d. | · | 0.00 |
| | | sekeeping supplies | ou. | · | |
| | | . • | | · | 500.00 |
| _ | | children's education costs | 8. | \$ | 0.00 |
| | - | dry, and dry cleaning | 9. | \$ | 125.00 |
| | | products and services | 10. | · | 40.00 |
| | | ental expenses | 11. | \$ | 60.00 |
| | | Include gas, maintenance, bus or train fare. car payments. | 12. | \$ | 200.00 |
| | | , clubs, recreation, newspapers, magazines, and books | 13. | · | 50.00 |
| | | | | | |
| | | tributions and religious donations | 14. | Φ | 0.00 |
| | surance. S not include i | insurance deducted from your pay or included in lines 4 or 20. | | | |
| | ia. Life insur | | 15a. | \$ | 0.00 |
| | b. Health in: | | 15b. | · | 0.00 |
| _ | | | 15b. | · | |
| | ic. Vehicle in | | | | 98.00 |
| | | surance. Specify: | 15d. | Φ | 0.00 |
| _ | ecify: | include taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | | lease payments: | | | |
| 17 | a. Car paym | nents for Vehicle 1 | 17a. | \$ | 489.00 |
| 17 | b. Car paym | nents for Vehicle 2 | 17b. | \$ | 0.00 |
| | c. Other. Sp | | 17c. | \$ | 0.00 |
| | d. Other. Sp | | 17d. | · | 0.00 |
| | | s of alimony, maintenance, and support that you did not report as | | · | |
| de | educted from | your pay on line 5, Schedule I, Your Income (Official Form 106I). | | \$ | 0.00 |
| 9. Ot | her payment | ts you make to support others who do not live with you. | | \$ | 0.00 |
| Sp | ecify: | | 19. | | |
| | | perty expenses not included in lines 4 or 5 of this form or on Sche | | | |
| 20 | a. Mortgage | es on other property | 20a. | \$ | 0.00 |
| 20 | b. Real esta | ate taxes | 20b. | \$ | 0.00 |
| 20 | c. Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20 | d. Maintena | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | ner's association or condominium dues | 20e. | | 0.00 |
| _ | ther: Specify: | | 21. | · - | 0.00 |
| | | | | ΙΨ | 0.00 |
| | • | monthly expenses | | | |
| | 2a. Add lines 4 | • | | \$ | 2,898.00 |
| 22 | b. Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22 | c. Add line 22 | 2a and 22b. The result is your monthly expenses. | | \$ | 2,898.00 |
| | | | | | · . |
| | • | monthly net income. | 00- | ¢ | 4 004 40 |
| | | e 12 (your combined monthly income) from Schedule I. | 23a. | | 4,621.13 |
| 23 | b. Copy you | ur monthly expenses from line 22c above. | 23b. | -\$ | 2,898.00 |
| 23 | c. Subtract | your monthly expenses from your monthly income. | | | 4 700 40 |
| | The resul | It is your monthly net income. | 23c. | \$ | 1,723.13 |
| .4. D c | you expect | an increase or decrease in your expenses within the year after yo | ou file this | s form? | |
| Fo | r example, do y | you expect to finish paying for your car loan within the year or do you expect you | | | or decrease because o |
| | | e terms of your mortgage? | | | |
| | No. | | | | |
| | l Yes. | Explain here: | | | |

Case 199166737 and Doc 154 Filed F110 12961/96/22 ntelegral et 0 12961/961/2399232: 279 es 10 145 cin Describite At Plage 354 of 549

| Fill in th | nis infori | mation to identify your | case: | | | | | |
|----------------|------------|---|-----------------------------|-----------------|---------------------|---------------------|-------------|---------------------------|
| Debtor 1 | 1 | Tamara C. Miller | | | | | | |
| | | First Name | Middle Name | La | st Name | | | |
| Debtor 2 | 2 | | | | | | | |
| (Spouse if, | filing) | First Name | Middle Name | La | st Name | | | |
| United S | States Ba | ankruptcy Court for the: | EASTERN DISTRICT | OF PENNSY | LVANIA | | | |
| Case nu | ımber | | | | | | | |
| (if known) | | | | | | | | Check if this is an |
| | | | | | | | | amended filing |
| | | | | | | | | |
| | | | | | | | | |
| <u>Officia</u> | al Forr | <u>n 106Dec</u> | | | | | | |
| Decl | larat | ion About a | n Individua | I Debt | or's Sch | edules | | 12/15 |
| | | | | | | | | 12.10 |
| If two ma | arried pe | eople are filing together | . both are equally resp | onsible for s | supplying correct | t information. | | |
| | • | | | | | | | |
| | | s form whenever you fi | | | | | | |
| | | y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 | | ikruptcy cas | e can result in fil | nes up to \$250,0 | ou, or impi | risonment for up to 20 |
| , , . | | , , , , , , , , , , , , , , , , , , , | , | | | | | |
| | | | | | | | | |
| | Sigi | n Below | | | | | | |
| | | | | | | | | |
| Did | d you pa | y or agree to pay some | one who is NOT an atto | rney to help | you fill out bank | kruptcy forms? | | |
| | | | | | | | | |
| | No | | | | | | | |
| П | Yes. N | Name of person | | | | Attach Bai | nkruptcv Pe | tition Preparer's Notice, |
| _ | | | | | | | | ature (Official Form 119) |
| | | | | | | | | |
| Und | der nena | Ity of perjury, I declare | that I have read the sur | nmary and s | chedules filed w | ith this declarat | ion and | |
| | | e true and correct. | triat i riave read trie 3di | illiar y aria s | ichicaules filea w | itir tilis acciarat | ion and | |
| | • | | | | | | | |
| X | | nara C. Miller | | X | 0: | 0 | | |
| | | a C. Miller re of Debtor 1 | | | Signature of Deb | otor 2 | | |
| | Signatu | IE OI DEDIOI I | | | | | | |
| | Date (| October 28, 2019 | | | Date | | | |
| | _ | • | | | | | | |

Case 199166737 and Doc 154 Filed F110 12961/96/22 ntelegral et 0 12961/961/2399232: 279 es 10 145 cin Describite At Plage 8 6 50 f 5 4 9

| FIII | l in this inforn | nation to identify you | r case: | | | |
|--|---|----------------------------------|-------------------------------------|------------------------------------|---|-------------------------------------|
| De | btor 1 | Tamara C. Miller | Middle Name | Last Name | | |
| De | btor 2 | i iist ivailie | widdle Name | Last Name | | |
| | ouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | | EASTERN DISTRICT OF | PENNSYLVANIA | | |
| Ca | se number | | | | | |
| (if known) | | | | | | heck if this is an mended filing |
| | | | | | | |
| _ | fficial Fo | | | | _ | |
| St | atement | of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/19 |
| | | | | | equally responsible for supports of additional pages, write you | |
| nun | nber (if knowı | n). Answer every que | stion. | | | |
| Pa | rt 1: Give D | Oetails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your current marital status? | | | | | |
| | ☐ Married | | | | | |
| | ■ Not mar | ried | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? | | | | | |
| | ■ No | | | | | |
| | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | |
| | Debtor 1 Prior Address: | | Dates Debtor 1 | Debtor 2 Prior Ad | dress: | Dates Debtor 2 |
| | | | lived there | | | lived there |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or telestates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Nevada, New Mexico, Puerto Rico, Texas, Nevada, New Mexico, Puerto Rico, R | | | | | | |
| | ■ No | | | | | |
| | _ | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | ficial Form 106H). | | |
| Do | rt 2 Evoloi | n the Courses of Vou | r Incomo | | | |
| Pa | rt 2 Explai | n the Sources of You | rincome | | | |
| 4. | Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | | |
| | □ No | | | | | |
| | _ | in the details. | | | | |
| | | | Dahtan 4 | | Dahtan 0 | |
| | | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | | | ■ Wages, commissions, bonuses, tips | \$32,286.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Cased 991.667377aamoc DDocd 54 Filed F110/2961/96/22nte Eerder 0/2961/961/32399232:239es oD Netsoin DEscribite At PRage 3360 5549

Debtor 1 Tamara C. Miller Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$33,570.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$32,967.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until **Social Security** \$7,180.00 the date you filed for bankruptcy: benefits (minor daughter) For last calendar year: \$5,629.00 Social Security (January 1 to December 31, 2018) benefits (minor daughter) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an ☐ No. individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? \square No. Go to line 7. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Was this payment for ...

Caase1.991.667337aamoc DDoc1.54FliledF116/12961/96/22nteEerde16/12961/961/22399232:279esdDk/scin DEnchinoie/At PRage887o6549

Debtor 1 Tamara C. Miller Case number (if known)

| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. No Yes. List all payments to an insider. | rtners; relatives of any gen- control, or owner of 20% o | eral partners; partne r more of their voting | rships of whi | ch you are a gene ind any managing | ral partner; corporation agent, including one fo |
|-----|---|---|--|---------------|---------------------------------------|--|
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount y | | r this payment |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi No Yes. List all payments to an insider | | ments or transfer a | ny property | on account of a | debt that benefited an |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount y | | or this payment editor's name |
| Par | t 4: Identify Legal Actions, Repossession | s, and Foreclosures | , | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | cy, were you a party in an | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of | the case |
| | Habitat For Humanity of Montgomery County, Inc. v. Tamara C. Miller 2019-04703 | Mortgage foreclosure action | Montgomery Co of Common Ple 2 E. Airy Street Norristown, PA | eas | Pendin On app Conclu | peal |
| | Municipality of Norristown v. Tamara C. Miller 2018-00770 | Municipal lien | Montgomery Co of Common Ple 2 E. Airy Street Norristown, PA | eas | ☐ On app ☐ Conclu | peal |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address | | | | arnished, attacho | ed, seized, or levied? Value of the property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan solve to the solve to | | uding a bank or fin | ancial instit | ution, set off any | amounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | | Date action was aken | Amount |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at No Yes | | rty in the possessi | on of an ass | ignee for the be | nefit of creditors, a |

Case 1991667337aamoc Dio c154 Fiile dF110/12961/96/22nte Ferdel 10/12961/961/2299232:230 es d Nestin Dia chimie At PRage 3980 650 9

| Debtor 1 | Tamara C. Miller | Радушимы Саse number (if known) | |
|----------|------------------|---------------------------------|--|
| | | | |

| Par | t 5: List Certain Gifts and Contributions | | | |
|-----|--|--|--|---------------------------|
| 13. | Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift. | ey, did you give any gifts with a total value of mo | ore than \$600 per person | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14. | Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift or cont | ey, did you give any gifts or contributions with a bution. | total value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankrupto or gambling? ■ No □ Yes. Fill in the details. | or since you filed for bankruptcy, did you lose | anything because of the | ft, fire, other disaster, |
| | how the loss occurred | scribe any insurance coverage for the loss lude the amount that insurance has paid. List pend urance claims on line 33 of Schedule A/B: Property | | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | | | |
| 16. | consulted about seeking bankruptcy or pre | r, did you or anyone else acting on your behalf paring a bankruptcy petition? arers, or credit counseling agencies for services rec | | erty to anyone you |
| | □ No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Law Office of David B. Spitofsky 516 Swede Street Norristown, PA 19401 spitofskylaw@verizon.net | Attorney Fees | 9/27/2019 (\$700), 10/10/19 (\$300) | \$1,000.00 |
| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you | | pay or transfer any prope | erty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | | made | |

Case 1991667337aamoc Dio c154 Fiile dF110/12961/96/22nte Fernlet 0/12961/961/32399232:209es dD Newson Dia x binibie At Plagge 4090 6509

| Debtor 1 | Tamara C. Miller | Case number (if known) | |
|----------|------------------|------------------------|--|
| | | | |

| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers mainclude gifts and transfers that you have alread No Yes. Fill in the details. | usiness or financial aff ade as security (such as | fairs? the granting of a se | | |
|-----|--|--|--|--|---|
| | Person Who Received Transfer Address | Description and property transfer | | Describe any property or payments received or debts paid in exchange | Date transfer was made |
| | Person's relationship to you | | | , | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro | | ny property to a se | elf-settled trust or similar device | e of which you are a |
| | Yes. Fill in the details. | | | | |
| | Name of trust | Description and | value of the prope | erty transferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, In: | struments, Safe Depos | it Boxes, and Stor | age Units | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, association of the second secon | or other financial accou | ınts; certificates o | - | - |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoun instrument | t or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | TD Bank P.O. Box 9547 Portland, ME 04112-2651 | XXXX-2109 | ■ Checking □ Savings □ Money Marke □ Brokerage □ Other | 9/2019 | \$0.00 |
| | TD Bank P.O. Box 9547 Portland, ME 04112-2651 | XXXX-1033 | ☐ Checking ■ Savings ☐ Money Marke ☐ Brokerage ☐ Other | 9/2019 et | \$0.00 |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? No Yes. Fill in the details. | year before you filed fo | r bankruptcy, any | safe deposit box or other depo | sitory for securities, |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit of | or place other than you | r home within 1 ye | ear before you filed for bankrup | etcy? |
| | Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe the contents | Do you still have it? |

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Debtor 1 Tamara C. Miller Case number (if known)

| Par | t 9: | Identify Property You Hold or Control for | Someone Else | | | |
|-----|-------|--|---|-------|------------------------------------|-----------------------|
| 23. | | you hold or control any property that some someone. | one else owns? Include any prope | rty y | you borrowed from, are storing fo | r, or hold in trust |
| | | No | | | | |
| | | Yes. Fill in the details. | WII 1 4 4 6 | _ | | |
| | | rner's Name dress (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | escribe the property | Value |
| Par | t 10: | Give Details About Environmental Inform | ation | | | |
| For | the p | ourpose of Part 10, the following definitions | apply: | | | |
| | toxi | rironmental law means any federal, state, or c substances, wastes, or material into the a ulations controlling the cleanup of these su | air, land, soil, surface water, groun | _ | | |
| | | means any location, facility, or property as | - | law | , whether you now own, operate, | or utilize it or used |
| | Haz | rardous material means anything an enviror ardous material, pollutant, contaminant, or | nmental law defines as a hazardou | s wa | aste, hazardous substance, toxic | substance, |
| Rep | ort a | Il notices, releases, and proceedings that y | ou know about, regardless of whe | n th | ey occurred. | |
| 24. | Has | any governmental unit notified you that yo | u may be liable or potentially liable | e un | der or in violation of an environm | ental law? |
| | | No | | | | |
| | | Yes. Fill in the details. | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice |
| 25. | Hav | e you notified any governmental unit of any | release of hazardous material? | | | |
| | | No | | | | |
| | | Yes. Fill in the details. | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice |
| 26. | Hav | e you been a party in any judicial or admini | strative proceeding under any env | /iron | nmental law? Include settlements | and orders. |
| | | No | | | | |
| | | Yes. Fill in the details. | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ature of the case | Status of the case |
| Par | t 11: | Give Details About Your Business or Cor | • | | | |
| 27 | Wit | — hin 4 years before you filed for bankruptcy, | did you own a husiness or have a | nv c | of the following connections to an | v husiness? |
| 21. | **111 | ☐ A sole proprietor or self-employed in a | • | • | U | , 243111033 : |
| | | | | | • | |
| | | A member of a limited liability company | (LLC) or illuited liability partnersh | пр (| LLF) | |
| | | A partner in a partnership | | | | |
| | | An officer, director, or managing execu | tive of a corporation | | | |

☐ An owner of at least 5% of the voting or equity securities of a corporation

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| Dec | otor 1 lamara C. Miller | Ca | ase number (if known) |
|---------------------|--|---|--|
| | ■ No. None of the above applies. Go to □ Yes. Check all that apply above and file | Part 12. Il in the details below for each business. | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. No Yes. Fill in the details below. | tcy, did you give a financial statement to a | nyone about your business? Include all financial |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | |
| Par | t 12: Sign Below | | |
| are t | | a false statement, concealing property, or c | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both. |
| | Tamara C. Miller | Signature of Debtor 2 | |
| | mara C. Miller nature of Debtor 1 | Signature of Debtor 2 | |
| Dat | e October 28, 2019 | Date | |
| Did y ■ N □ Y | | ent of Financial Affairs for Individuals Filin | ng for Bankruptcy (Official Form 107)? |
| Did y | you pay or agree to pay someone who is no | ot an attorney to help you fill out bankrupto | y forms? |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|---------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| <u>+</u> \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Caase1.991.667337aamoc DDoc1.54FliledF116/12961/96/22nteEerde16/12961/961/22399232:279esdDk/scin DEnchinoie/At PRage474606549

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Pennsylvania

| In re | Tamara C. Miller | | Case No. | |
|---------------|---|---|--|---|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPEN | SATION OF ATTOR | NEY FOR DE | BTOR(S) |
| cc | resuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) impensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of | of the petition in bankruptcy, of | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 4,250.00 |
| | Prior to the filing of this statement I have received | | \$ | 1,000.00 |
| | Balance Due | | \$ | 3,250.00 |
| 2. \$_ | 310.00 of the filing fee has been paid. | | | |
| 3. Tl | he source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. Tl | ne source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. ■ | I have not agreed to share the above-disclosed comper | nsation with any other person u | nless they are memb | pers and associates of my law firm. |
| | I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name | | | |
| 6. Ir | n return for the above-disclosed fee, I have agreed to rend | der legal service for all aspects | of the bankruptcy ca | ase, including: |
| b. c. | Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, statem Representation of the debtor at the meeting of creditors [Other provisions as needed] | nent of affairs and plan which r | nay be required; | |
| 7. B <u>y</u> | y agreement with the debtor(s), the above-disclosed fee of Representation of the debtor in a discharge of motion for relief from stay or co-debtor property, motion to modify plan after continuous injunction actions, and any motion filed be | geability action, adversary stay, motion to extend the firmation, motion to appro | proceeding, judi e automatic stay, ve loan modificat | motion for authority to sell tion, post-discharge |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of any ankruptcy proceeding. | agreement or arrangement for p | payment to me for re | epresentation of the debtor(s) in |
| Ос | tober 28, 2019 | /s/ David B. Spitofs | | |
| Da | te | David B. Spitofsky Signature of Attorney | | |
| | | Law Office of Davi | | |
| | | 516 Swede Street | 104 | |
| | | Norristown, PA 19 610-272-4555 | 4U ⁻ I | |
| | | spitofskylaw@veri | zon.net | |
| | | Name of law firm | | |

Case 1.991.667337aamc Dooc 1.54 File of 110/12961/96/22nte Eender 0/12961/961/32399232:279es o Describite At Page 4870 6549

United States Bankruptcy Court Eastern District of Pennsylvania

| In re Tamara C. Miller | Debtor(s) | Case No. Chapter | 13 |
|---------------------------------------|---|---------------------|-----------------------|
| VER | RIFICATION OF CREDITOR | MATRIX | |
| The above-named Debtor hereby verifie | s that the attached list of creditors is true and | correct to the best | of his/her knowledge. |
| Date: October 28, 2019 | /s/ Tamara C. Miller | | |

Signature of Debtor

Case 1.991.667377 and Dioc 1.54 File of 110/12961/96/22 ntelegral et 0/12961/961/32399232:239 es o Describite at Plage 486 5549

David B. Spitofsky, Esquire Law Office of David B. Spitofsky 516 Swede Street Norristown, PA 19401

Tamara C. Miller 908 Green Street Norristown, PA 19401

Frederic J. Baker, Esquire Office of U.S. Trustee 833 Chestnut Street, Suite 500 Philadelphia, PA 19107

AR Resources, Inc. P.O. Box 1056 Blue Bell, PA 19422

Bridgecrest P.O. Box 29018 Phoenix, AZ 85038

Credit Collection Services Two Wells Avenue Newton, MA 02459

Graham R. Bickel, Esquire Hamburg, Rubin, Mullin, Maxwell & Lupin, 375 Morris Road P.O. Box 1479 Lansdale, PA 19446

Habitat For Humanity Mont. Cty 533 Foundry Road West Norriton, PA 19403

Jefferson Capital System 16 McLeland Road Saint Cloud, MN 56303

Montgomery County Tax Claim Bureau One Montgomery Plaza Suite 610 Norristown, PA 19401

Municipality of Norristown c/o Portnoff Law Associates, Ltd. P.O. Box 391 Norristown, PA 19404

Navient P.O. Box 9500 Wilkes Barre, PA 18773

US Department of Education 2401 International Lane P.O. Box 7859 Madison, WI 53704